

Given that managed care organizations (MCO) serve the majority of Medicaid clients, it's helpful to understand how to bill for services. When a service is covered by the MCO, use the patient's MCO card. For services covered by ProviderOne (P1), use the P1 card. If a client is not enrolled in managed care, use the P1 card. Below is a summary of who pays for what service, along with prior authorization (PA) information.

TREATMENT	MANAGED CARE ORGANIZATION	PROVIDERONE (FEE-FOR-SERVICE)	SPECIAL REQUIREMENTS
Hormone replacement therapy	✓		Check with the plan, prior authorization (PA) may be required.
Hormone blocking agents for youth	✓		Check with the plan, PA may be required.
Mental health services	✓		Check with the plan, PA may be required.
Preventative services	✓		Provider will discuss the appropriate preventative services with patient. Services may include mammography after a mastectomy, pelvic exams for female to male clients, prostate exams for male to female clients.
Electrolysis/laser		✓	This is a surgical procedure which requires PA.
Top Surgery-Breast reconstruction (male to female)		✓	The following must be submitted with the PA: <ul style="list-style-type: none"> <li>• Surgical Consult</li> <li>• Letter of recommendation from a licensed mental health provider.</li> <li>• Letter of recommendation from primary care provider or provider managing patient's hormone replacement therapy.</li> </ul>
Top surgery-Mastectomy w/wo chest reconstruction (female to male)		✓	The following must be submitted with the PA: <ul style="list-style-type: none"> <li>• Surgical Consult</li> <li>• Letter of recommendation from a licensed mental health provider.</li> <li>• Letter of recommendation from primary care provider or provider managing patient's hormone replacement therapy.</li> </ul>
Hysterectomy		✓	The following must be submitted with the PA: <ul style="list-style-type: none"> <li>• Surgical Consult</li> <li>• Letter of recommendation from a licensed mental health provider.</li> <li>• Letter of recommendation from primary care provider or provider managing patient's hormone replacement therapy.</li> </ul>

TREATMENT	MANAGED CARE ORGANIZATION	PROVIDER ONE (FEE-FOR-SERVICE)	SPECIAL REQUIREMENTS
Orchiectomy		✓	<p>The following must be submitted with the PA:</p> <ul style="list-style-type: none"> <li>• Surgical Consult</li> <li>• Letter of recommendation from a licensed mental health provider</li> <li>• Letter of recommendation from primary care provider or provider managing patient's hormone replacement therapy.</li> </ul>
Laryngoplasty/ tracheal shave		✓	This is a surgical procedure which requires PA.
Facial feminization surgery		✓	This is a surgical procedure which requires PA.
Bottom Surgery- Male to female or female to male		✓	<p>The following must be submitted with the PA:</p> <ul style="list-style-type: none"> <li>• Surgical Consult</li> <li>• Letters of recommendation from <b>two</b> licensed mental health providers</li> <li>• Letter of recommendation from primary care provider or provider managing patient's hormone replacement therapy.</li> </ul>